

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-004943

AMENDED

Registration District No.

317
FILED JAN 19 1962

Primary Registration District No.

500

Registrar's No.

78

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANLEY HILLS		Length of stay in lb YRS.		c. CITY OR TOWN HANLEY HILLS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 7701 DUSKY DR,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7701 DUSKY DR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle J. Last MEANY				4. DATE OF DEATH JAN 6, 1962 Month Jan Day 6 Year 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/23/1895	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MICHAEL J. MEANY		13b. MOTHER'S MAIDEN NAME AMELIA RYAN		14. NAME OF HUSBAND OR WIFE NORINE CORCORAN 7701 DUSKY DR.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR 2		16. SOCIAL SECURITY NO. —		17. INFORMANT NORINE CORCORAN 7701 DUSKY DR. Address —			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the esophagus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) —				INTERVAL BETWEEN ONSET AND DEATH 5 mos			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour — a.m. — p.m. —	Month, Day, Year 7/18/61						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY —	STATE —	
21. I attended the deceased from 7/18/61 to 12/2/61 and last saw her/him alive on 12/2/61 Death occurred at 11a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Adrian C. Polk Jr (Degree & title)		22b. ADDRESS 915 N Grand St St Louis		22c. DATE SIGNED 1-8-62			
23a. BURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 1/10/62	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI			
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NAT'L BRIDGE		25. DATE RECD. BY LOCAL REG. 1-8-62		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Dorchester
Veterans Hosp
4 South
5 North

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

M W Ruetter

Licensed Embalmer No.

4865

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.